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PTO/SB/01 (8-96)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration OR
Submitted
with Initial Filing

☐ Declaration
Submitted after
Initial Filing

Attorney Docket Number

SERVIER 479 PCT

First Named Inventor

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHARMACEUTICAL COMPOSITION FOR THE ADMINISTRATION OF PIRIBEDIL BY THE
NASAL ROUTE.

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY)

07/16/2004

as United States Application Number or PCT International

Application Number PCT/FR2004/001867 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
03.08712	FRANCE	07/17/2003	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

90015-
2/3
USA

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DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: CUSTOMER NUMBER 25,666

Name	Registration Number	Name	Registration Number
G. PATRICK SAGE	37,710		
MICHELE CUDAHY	55,093		
KATHERINE WEILAND	56,942		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

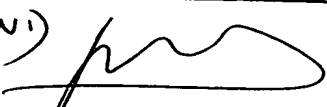
Direct all correspondence to:

Name	THE FIRM OF HUESCHEN AND SAGE		
Address	107 East Michigan Avenue, 7th Floor		
City	KALAMAZOO	State	MI
Country	USA	Telephone	269 382 0030
		Fax	269 382 2030
		Zip	49007

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	Hervé	Middle Initial		Family Name	ROLLAND	Suffix e.g. Jr.	
Inventor's Signature	Hervé ROLLAND 				Date	December 23, 2005	

Residence: City	OLIVET (France)	State	FR	Country	FRANCE	Citizenship	FR
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Post Office Address	180 allée des Alisiers						
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Post Office Address							
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City	OLIVET (France)	State	FR	Zip	45160	Country	FRANCE
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☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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313
USA

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Patrick				Middle Initial				Family Name		WUTHRICH				Suffix e.g. Jr.			
Inventor's Signature		PATRICK WUTHRICH <i>Patrick Wuthrich</i>										Date		December 23, 2005					
Residence: City		ORLEANS (France)				State		FR		Country		FRANCE				Citizenship		CH	
Post Office Address		15 rue Marcelin Berthelot																	
Post Office Address																			
City		ORLEANS (France)				State		FR		Zip		45000		Country		FRANCE			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature												Date							
Residence: City						State				Country						Citizenship			
Post Office Address																			
Post Office Address																			
City						State				Zip				Country					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature												Date							
Residence: City						State				Country						Citizenship			
Post Office Address																			
Post Office Address																			
City						State				Zip				Country					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature												Date							
Residence: City						State				Country						Citizenship			
Post Office Address																			
Post Office Address																			
City						State				Zip				Country					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature												Date							
Residence: City						State				Country						Citizenship			
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Post Office Address																			
City						State				Zip				Country					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature												Date							
Residence: City						State				Country						Citizenship			
Post Office Address																			
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City						State				Zip				Country					
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																			